



APPLICATION FOR EXAMINATION FOR BARBER INSTRUCTOR REGISTRATION

State Form 45303 (R3/6-98)

Approved by State Board of Accounts 1998

INDIANA PROFESSIONAL LICENSING AGENCY
302 WEST WASHINGTON STREET, ROOM E034
INDIANAPOLIS, INDIANA, 46204-2700
TELEPHONE: (317) 232-2980

CONTROL NUMBER

INSTRUCTIONS:

Application must be accompanied by the \$50.00 (Fifty dollars)
examination fee and a photograph bearing your signature

Name of applicant (please print or type):

Address (number and street):

City/state/ZIP code:

Telephone number:

Social Security number:

Barber license number:

*This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.

EDUCATIONAL PREREQUISITES

Please check one:

☐ High school graduate

Date of graduation:

☐ High school equivalency certificate (GED)

Date of GED certificate:

INSTRUCTOR TRAINING/EXPERIENCE EQUIVALENT

Have you completed the instructor education?

Name of school:

Date of enrollment:

Location of school:

Date of graduation:

OR

Have you had five (5) years full-time experience as a barber?

Dates of licensure:

From: _____ To: _____

Barber shop name(s):

(Experience equivalent statute expires July 1, 2001. Applicants filing after July 1, 2001 will be required to complete the education)

DISCLOSURE OF CONVICTION RECORD

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you have been convicted of a felony, please include a written explanation and copies of court documents.

VERIFICATION AND SIGNATURE/NOTARY STATEMENT

I do hereby certify and declare that I will abide by and obey all provisions of the law and rules adopted by the board. I hereby certify that I completed this application and that the answers appearing herein are true and correct to the best of my knowledge and belief.

Signature of applicant:

Printed or typed name of applicant:

Signature of Notary Public:

Printed or typed name of Notary Public:

Date subscribed and sworn to Notary Public:

County of residence:

Date commission expires:

SEE REVERSE SIDE

CERTIFICATE OF TRAINING
THIS SECTION TO BE COMPLETED BY THE BARBER SCHOOL ON BEHALF OF THE EXAMINATION APPLICANT
(Disregard this section if applying under the experience equivalent)

I hereby certify that _____ has completed nine hundred (900) hours of instructor training and
(name of applicant)

has graduated from the _____ School of Barbering.
(name of school)

Signature of school Director/Instructor:

Printed name of school Director/Instructor:

NOTARY CERTIFICATE

STATE OF: _____

COUNTY OF: _____

I, _____, have been duly sworn on oath, say that I am the above named school Director/
(name of School Director/Instructor)

Instructor, that I have personally prepared the foregoing certificate of training, and that the same is true to the best of my knowledge and belief.

Signature of School Director/Instructor:

Printed or typed name of School Director/Instructor:

Signature of Notary Public:

Printed or typed name of Notary Public:

Date subscribed and sworn to Notary Public:

Date commission expires:

AFFIX RECENT PHOTOGRAPH HERE